Client/In-House Communicators 2005/2006 Lobbyist Registration Pursuant to Chapter 10, Part II General Statutes ETH-1B *Addendum* (Revised 1/06)

In

## STATE OF CONNECTICUT OFFICE OF STATE ETHICS

18 - 20 Trinity Street, Suite 205 Hartford, CT 06106-1660 Tel: (860) 566-4472

Check Here To:  ☐ Amend	
□Terminate	

IMPORTANT! Failure to file an accurate required report on time subjects the registrant to possible penalties of up to \$10,000 for each delinquent report.

## TO BE COMPLETED BY CLIENT LOBBYIST

1. Nature of Client's Business:	
2. Primary Business Address of Client:	
Street Address  City: State: Zip Co	ode:
3. Name and Job Title of Person at Client Responsible for Oversight of Client	nt Lobbyist's Lobbying Activities:
4. Applicable Contact Information for such Person:	
a. Phone Number:	
b. Facsimile Number:	
c. Electronic Mail Address:	
d. Business Mailing Address (if different From Address above):	

you intend to lobby.	
Name of Executive Agency or Quasi-Public Agency:	
Name of Executive Agency or Quasi-Public Agency:	
Name of Executive Agency or Quasi-Public Agency:	
If you are soliciting for state contracts or procuremen and each contract or procurement award you intend	t awards, please identify each agency you intend to solicit to solicit.
Name of Executive Agency or Quasi-Public Agency:	
Contract or Procurement Award Soliciting:	
Name of Executive Agency or Quasi-Public Agency:	
Contract or Procurement Award Soliciting:	
Name of Executive Agency or Quasi-Public Agency:	
Contract or Procurement Award Soliciting:	
Signed under penalty of false statement.	
By: Signature of Authorized Officer or Agent of Client Lobbyist	Date:
Name:Please Print	
By: Signature of In-House Communicator	Date:
Name:Please Print	

In accordance with Public Acts 2005, No. 05-287, § 45 (a) (5), if you have indicated that you are registering for ADMINISTRATIVE LOBBYING, then you must indicate which executive agencies and quasi-public agencies

By:		Date:
,	Signature of In-House Communicator	
Name:	Please Print	
By:	Signature of In-House Communicator	Date:
Name:	Please Print	
By:	Signature of In-House Communicator	Date:
Name:	Please Print	
By:	Signature of In-House Communicator	Date:
Name:	Please Print	
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